

## Anxiety and Depression in Adolescents in Relation to Parenting Style

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### ABSTRACT

Adolescence is a formative period of emotional and psychological development, during which individuals are particularly susceptible to mental health challenges such as anxiety and depression. These internalizing disorders are not only prevalent but often inadequately addressed, especially in adolescents. One crucial yet frequently overlooked environmental determinant of adolescent mental health is parenting style, which profoundly shapes an adolescent's emotion regulation, self-concept, interpersonal relationships, and coping mechanisms in the face of stress. The present study examines how different parenting styles i.e. authoritative, authoritarian, and permissive impact anxiety and depression levels among Higher Secondary school students. Seventy-two Higher Secondary students were administered Parenting Style Questionnaire (PSQ) developed by Robinson and Mandelco in 2001 to assess the style of parenting such as authoritative, authoritarian and permissive to which they were exposed along with Hamilton Anxiety Scale (HAM-A) to measure their anxiety and Hamilton Depression Scale (HAM-D) to measure depression. Group difference was tested by means of ANOVA followed by Post hoc analysis. Results of ANOVA revealed significant differences in anxiety and depression scores of the participants exposed to the three parenting styles. Results of post-hoc analysis, on the other hand, revealed that with respect to anxiety and depression, the difference between participants under authoritarian and permissive parenting as well as authoritative and permissive parenting was significant, whereas, the difference between the participants under authoritarian and authoritative parenting was not significant. Results of chi-square analysis further showed that parenting style was significantly associated with the categorical levels of both anxiety and depression. More specifically, maximum participants under authoritative parenting style showed the lowest level of anxiety and depression, while maximum participants under permissive parenting showed the highest level of both anxiety and depression. In the context of the social system and the cultural background of the state of Odisha, the finding of the present study that authoritative parenting style is associated with slightly better mental health compared to authoritarian parenting style and much greater mental health compared to permissive parenting style adds to the findings of cross-cultural literature on parenting styles and mental health issues of adolescents. The implication of the findings have been discussed in the context of socio-cultural set-up of the state of Odisha suggesting that high priority is to be given to authoritative parenting for helping adolescents to smoothly transit to adult life.

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## Anxiety and Depression in Adolescents in Relation to Parenting Style

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The period of adolescence is the transitional phase between childhood and adulthood during which major physical, biological, psychological and behavioural changes take place (Sawyer, Azzopardi, & Wickremarathne, 2018). This is a stage that lasts from the commencement of puberty, leading to the end of growth. Biologically, it is characterized by rapid somatic growth, hormonal changes, sexual maturation, and neuro-developmental reorganization, particularly in the prefrontal cortex and limbic system, which are responsible for decision-making, impulse control, and emotion regulation (Roelants & Cameron, 2022; Casey, Jones, & Somerville, 2011). These biological changes often coincide with the impact of increased psychosocial stressors and role transitions that affect mental health outcomes. The prevalence of behavioural and mental health needs among this population is higher than that among adults and children (Sadock, Sadock, & Ruiz, 2017; WHO, 2021). According to the World Health Organization (2021), an estimated 10–20% of adolescents globally experience mental health issues yet; many remain undiagnosed and untreated due to stigma, lack of awareness, or inadequate access to care. Studies indicate that the changes in this phase among adolescents and family factors like parent-child relationship, family disruption, and poor couple functioning, parenting distress along with teacher student relationship in school and peer pressure can give rise to mental imbalance within them and if not properly addressed may require clinical attention later (Mastrotheodoros, Graaff, Deković, & Branje 2020). There occurs confusion regarding role expectations both from the parental and adolescent perspectives at this stage which give rise to ‘identity crisis’ in them, resulting in problematic personality development (Kerpelman & Pittman, 2018, p 311). Besides, parenting style also plays a crucial role in shaping the personality and affecting the mental health of the adolescents (Blakemore, 2019).

The term "parenting style" refers to the constellation of attitudes, behaviors, and emotional climates that parents adopt while interacting with their children (Darling & Steinberg, 1993). Diana Baumrind (1966, 1971) was among the first to introduce a typology of parenting styles, identifying three core styles such as authoritarian, authoritative, and permissive. Authoritative parenting, marked by high warmth and firm control, is associated with the most favourable outcomes for children, such as high self-esteem, academic competence, and emotion regulation. Authoritarian parenting, characterized by high control and low warmth, is often linked to anxiety, low self-confidence, and externalizing behaviors. Permissive parenting, with high warmth but low control, can lead to issues in self-regulation and academic underperformance (Baumrind, 1991). The adolescent's social ecosystem, including home, school, peer group, and neighbourhood, constitutes a web of biopsychosocial influences that interplay with individual temperament and environmental demands (Deb, Chatterjee, & Walsh, 2010). For instance, adverse childhood experiences, family conflict, low parental monitoring, and lack of emotional support have been consistently linked to poor mental health outcomes during adolescence (Fazel, Hoagwood, Stephan, & Ford, 2014; Patel, Flisher, Hetrick, & McGorry, 2007). On the other hand, positive parental involvement, open communication, and emotional availability are known protective factors that promote adolescent well-being and reduce the risk of psychopathology (Yap, Pilkington, Ryan, & Jorm, 2014). Moreover, cultural and socioeconomic factors modulate the impact of parenting on adolescent development. In collectivist societies like India, where family cohesion and interdependence are emphasized, parental control and obedience are often valued, yet excessive control can hinder autonomy development and contribute to psychological distress (Chao, 1994; Dwairy, 2004).

## Anxiety and Depression in Adolescents in Relation to Parenting Style

Therefore, understanding the nuanced influence of parenting within specific cultural contexts is essential for designing effective mental health interventions for adolescents.

It is observed that adolescents at present are experiencing several mental health problems because of growing academic pressure and increasing demands of family as well as the society on them to face the new challenges of life. These get manifested in their personality characteristics and approach behaviours in critical life situations. The prevalence of such psychosocial issue in the current society is on the rise, threatening the welfare of the family and society at large. Unfortunately, we do not have sufficient research findings in this regard, especially in Indian context which is a country of cultural diversities. Therefore, there is a need to carry out evidence-based research in this area to find out the nature of psycho social issues and their roots in child-rearing practices adopted by the parents. The evidence, it is hoped, would not only make people aware of the crucial life issues that adolescents experience but also can be used to deal with their problems at home and outside.

The objective of the study was to examine the levels of anxiety and depression of adolescents in order to know about their mental health status resulting out of different parenting style, to which they were exposed during their childhood and adolescent years. The purpose was to draw evidence-based research implications regarding the behavioural and psychological problems of the adolescents.

### **METHOD**

#### *Sample*

The sample consisted of 72 Higher Secondary students with 48 boys and 24 girls from a population of 167 Higher Secondary students of 4 Higher Secondary schools of the cities of Cuttack, Bhubaneswar and Puri of the state of Odisha. A purposive sampling technique was used to select participants who fell within the categories of mild, moderate and severe level of anxiety and depression. The socio-economic status (SES) of the families from which the participants were selected was assessed through Kuppawamy Socioeconomic Scale. All the participants came from middle SES families with no report of any kind of known intellectual disability or a diagnosed psychiatric condition or behavioural problem or any serious medical illness.

#### *Tools*

Parenting Style Questionnaire (PSQ), Hamilton Anxiety Scale (HAM-A) and Hamilton Depression Scale (HAM-D) were administered to all the participants to meet the objective of the study. These tools were administered to them in small groups by the Investigator herself as per the procedure describe in this section. Description of the tools along with their scoring procedures is given below.

**Parenting Style Questionnaire (PSQ):** PSQ developed by Robinson and Mandlco in 2001 measures styles of parenting such as authoritarian, authoritative and permissive. PSQ consists of 30 items in total with authoritative and authoritarian style consisting of 13 items each, and permissive style consisting of 4 items. The score on each item ranges from “Never” to “Always” on a 5- point scale. Participants rated 30 items reflecting their parent’s behaviour, using a 5-point scale from 1 (never) to 5 (always). The process of scoring is to add the score at the end of each section and divide it by the number of questions in that section. The calculated score is the score for that category, which ranges from 1 to 5. The score indicates the parenting style to which a participant was exposed.

## Anxiety and Depression in Adolescents in Relation to Parenting Style

**Hamilton Anxiety Scale (HAM-A):** The Hamilton Anxiety Scale (HAM-A) developed by Max Hamilton in 1959 consists of a total of 14 items which is a widely used test of anxiety by clinicians and researchers in a clinical set up. The participant is asked to respond to each item and the severity of the symptom as described by the participant is rated by the Investigator on a 5-point scale ranging from 0 (not present) to 4 (severe). The maximum score for the scale is 56 with higher score indicating high degree of anxiety. On the basis of the total score, the anxiety level of the participant is classified under any of the three categories such as mild (<17), moderate (18-24) and severe (>25).

**Hamilton Depression Scale (HAM-D):** The HAM-D scale is a psychological instrument consisting of 21 items out of which only first 17 are scored and the rest of the items provide additional clinical information to be obtained by the clinician. This is a widely used test of depression in clinical set up in which eight of the 21 items (items 1, 2, 3, 8, 9, 10, 11, 15) are scored on a 5-point scale from 0 (none or not present) to 4 (high degree of severity) and nine items (items 4, 5, 6, 7, 12, 13, 14, 16, 17) are scored on a 3-point scale from 0 (none or no difficulty) to 2 (high degree of severity). The scale yields a maximum score of 50. The higher the score, higher is the severity of the depression symptoms. On the basis of the total score, the participant's depression level is classified under any of the three categories, such as mild (8-13), moderate (14-18), severe (19-22) and very severe (> or = 23).

**Kuppuswamy Socio Economic Scale:** The Kuppuswamy scale is a tool which is frequently used to assess the socioeconomic status (SES) of families, primarily in urban areas of India. It was initially developed in 1976 and is based on three key factors such as education, occupation, and monthly income of the head of the household. The scale is used to categorize families into different SES groups, and requires regular updates due to inflation and changes in the Indian economy.

### **Procedure**

The participants of the present study were selected from 4 Higher Secondary schools of cities of Cuttack, Bhubaneswar, and Puri of the state of Odisha. Following the discussion regarding the purpose of the study with the authorities of the schools as well as the parents of the participants and with their consent, the tools were administered to collect the responses of the participants. For the purpose, a separate room was provided in each school by the school authority. Proper and thorough instructions were given by the investigator to the participants regarding the tools used and their tasks. The participants were administered the tools in small groups and they completed the tasks in the presence of the Investigator who provided them help as and when needed. Each participant took approximately 45 minutes to complete his/her tasks. The participants fully cooperated with the Investigator during data collection

## **RESULTS**

All the participants of Higher Secondary grade were administered HAM-A to measure anxiety. The results of the test are presented in Tables 1, 2 and 3. Table 1 shows the means and standard deviations of the anxiety score of participants reared up by the three parenting styles, from which it is evident that the mean anxiety score of the participants under permissive parenting style was the highest and that of the participants under authoritative parenting was the lowest whereas, the participants reared up by authoritarian parenting style scored in between these two groups. One-way ANOVA was calculated in order to see the significance of difference among the groups, the results of which are presented in Table 2. As is seen from this table, the F value has been found to be statistically significant ( $F = 9.39$ ,

## Anxiety and Depression in Adolescents in Relation to Parenting Style

df = 2/69,  $p < .05$ ). The result, thus, clearly shows that parenting style markedly influenced the anxiety level of the participants. The partial eta square ( $\eta_p^2$ ) was calculated to assess the effect size of parenting style based on the established norms (0.01 indicating a small effect, 0.06 a moderate effect, and 0.14 or higher, a large effect). The result presented in Table 2 indicate a large effect of parenting style on the anxiety level of the participants ( $\eta_p^2 = 0.21$ ). In order to know the significance of difference in anxiety level between paired groups, Tukey's HSD test was carried out, the result of which is presented in Table 3. This result shows that the mean value of the anxiety scores of the participants reared up by authoritarian parenting style was significantly different from that of the participants reared up by permissive parenting style ( $p < 0.05$ ). Similarly, the mean anxiety score of the participants reared up by authoritative parenting style was significantly different from that of the participants reared up by permissive parenting style ( $p < .01$ ). On the other hand, the difference between the mean anxiety scores of the participants reared up by authoritarian parenting style and authoritative parenting style was not significant statistically.

**Table 1 Means and Standard Deviations of Anxiety Scores of the Participants under Different Parenting Styles (N=72)**

Groups	Mean	SD
Authoritarian	17.97	4.27
Authoritative	15.70	4.14
Permissive	21.61	4.72

**Table 2 Summary of ANOVA Results for Anxiety Scores of the Participants under Different Parenting Styles (N=72)**

Sources	Sum of Squares	Df	Mean square	F	$\eta_p^2$
Between Group	354.55	2	177.27	9.39*	0.21
Within Group	1302.79	69	18.88		
Total	1657.34	71			

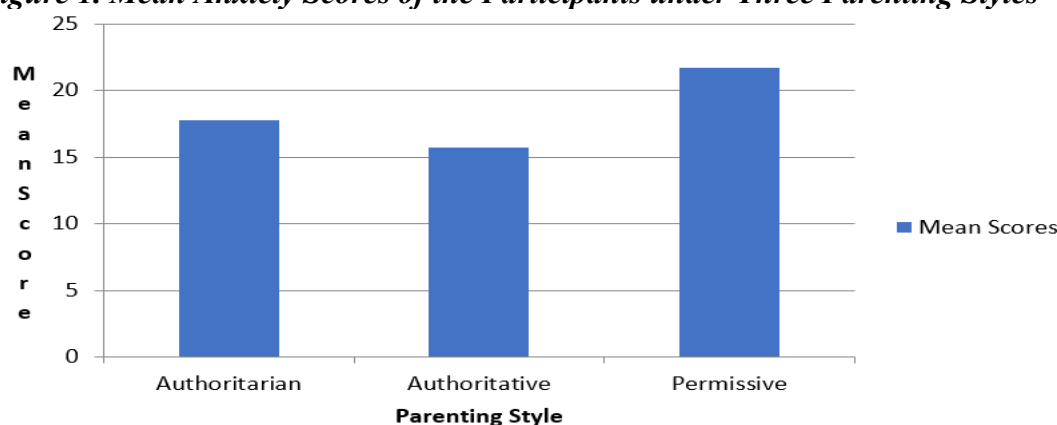
\* $p < .05$

**Table 3 Results of Tukey's HSD Test for Anxiety Scores of the Participants under Different Parenting Styles (N=72)**

Comparison	Mean Difference	p-value
M 1 vs. M 2	2.27	0.146
M 1 vs. M 3	3.64	0.016*
M 2 vs. M 3	5.91	< 0.001**

\*\* $p < .01$ , \* $p < .05$

**Figure 1. Mean Anxiety Scores of the Participants under Three Parenting Styles**



## Anxiety and Depression in Adolescents in Relation to Parenting Style

All the participants of the Higher Secondary grades were administered the HAM-D to measure depression. The results of the tests are presented in Tables 4, 5 and 6. Table 4 shows the means and standard deviations of the depression score of the participants reared up by the three parenting styles, from which it is evident that the mean depression score of the participants under permissive parenting style was the highest and that of the authoritative parenting was the lowest whereas, participants reared up by authoritarian parenting style scored in between these two groups. One-way ANOVA was calculated in order to see the significance of difference among the group means, the result of which is presented in Table 5. As is seen from this table, the F value has been found to be statistically significant ( $F = 9.61$ ,  $df = 2/69$ ,  $p < .05$ ). The result, thus, clearly shows that parenting style significantly influenced the depression level of the participants. The partial eta square ( $\eta_p^2$ ) was calculated to assess the effect size of parenting style on depression basing upon the established norms (0.01 indicating a small effect, 0.06 a moderate effect, and 0.14 or higher, a large effect). The result presented in Table 5 indicate a large effect of parenting style on the depression level of the participants ( $\eta_p^2=0.21$ ). In order to know the significance of difference in depression between paired groups, Tukey's HSD test was carried out, the result of which is presented in Table 6. This result shows that the mean depression score of the participants reared up by authoritarian parenting style was significantly different from that of the participants reared up by permissive parenting style ( $p<.05$ ). Similarly the mean depression score of the participants reared up by authoritative parenting style was significantly different from that of the participants reared up by permissive parenting style ( $p<.01$ ). On the other hand, the difference between the mean depression scores of the participants reared up by authoritarian parenting style and authoritative parenting style was not significant statistically.

**Table 4 Means and Standard Deviations of Depression Scores of the Participants under Different Parenting Styles (N=72)**

Groups	Mean	SD
Authoritarian	7.74	1.67
Authoritative	6.98	1.88
Permissive	10	3.34

**Table 5 Summary of ANOVA Results for Depression Scores of Participants under Different Parenting Styles (N = 72)**

Sources	Sum of Squares	Df	Mean square	F	$\eta_p^2$
Between Group	97.75	2	48.87	9.61*	0.21
Within Group	351.07	69	5.08		
Total	444.82	71			

\* $p < .05$

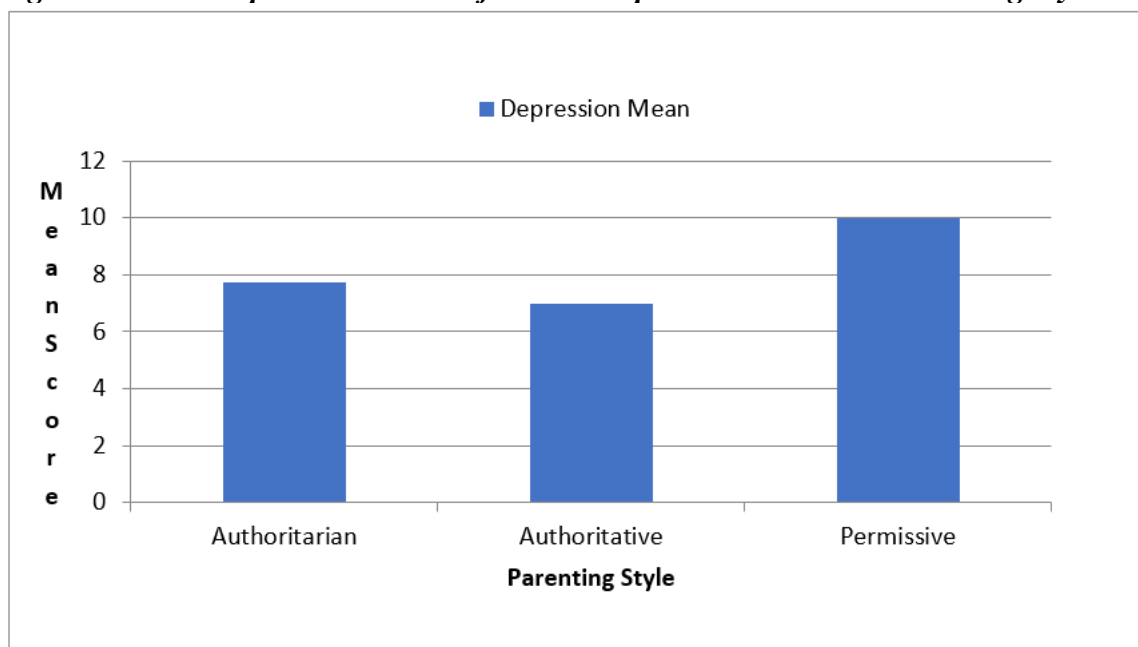
**Table 6 Results of Tukey's HSD Test fo Depression Scores of Participants under Different Parenting Styles (N = 72)**

Comparison	Mean Difference	p-value
M 1 vs. M 2	0.76	0.443
M 1 vs. M 3	2.26	0.003*
M 2 vs. M 3	3.02	< 0.001**

\*\* $p < .01$ , \* $p < .05$

## Anxiety and Depression in Adolescents in Relation to Parenting Style

**Figure 2. Mean Depression Scores of the Participants Under Three Parenting Styles**



### **Relationship between Parenting Style and Level of Anxiety**

Chi-square test was carried out in order to see the relationship between parenting style and level of anxiety, the result of which are presented in Table 7. The percentages of participants experiencing the three levels of anxiety under the three different parenting styles are shown in figure 4.

It may be seen from Table 7 that 52%, 70% and 22% of the participants reared up by authoritarian, authoritative and permissive parenting style respectively were found to be undergoing mild anxiety while 16%, 17% and 45% of the participants reared up by authoritarian, authoritative and permissive parenting style respectively were found to be undergoing severe anxiety. On the other hand, 32%, of the participants reared up by authoritarian parenting style, 13% by authoritative style and 33% by permissive style showed moderate level of anxiety. Thus, highest number of participants (70%) exposed to authoritative parenting experienced mild anxiety, whereas, highest number of participants experiencing either severe anxiety (45%) or moderate level of anxiety (33%) were those exposed to permissive parenting. The result of chi-square analysis was found to be statistically significant [ $\chi^2 (4) = 11.26, p < .05$ ]. Overall, the result underscores the critical role of parenting style in influencing the anxiety level of adolescent with authoritative parenting serving as a protective factor against it.

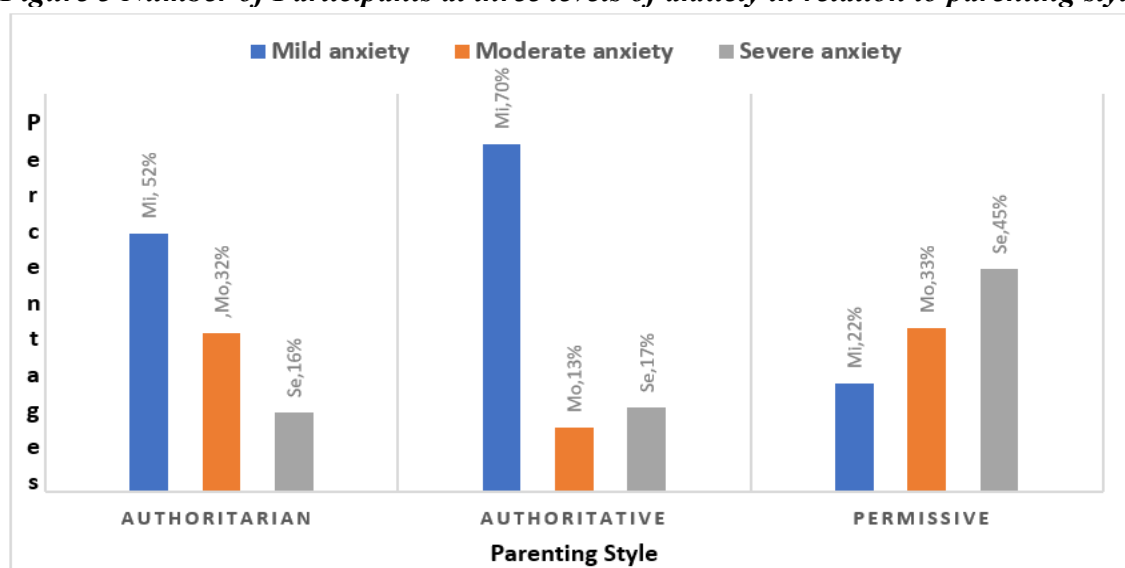
**Table 7 Frequencies, Percentages and Chi-Square Results for Anxiety Levels of Participants in Relation to Parenting Style (N = 72)**

Parenting Styles	Anxiety			P
	Mild	Moderate	Severe	
Authoritarian	16 (52%)	10 (32%)	5 (16%)	.024
Authoritative	16 (70%)	3 (13%)	4 (17%)	
Permissive	4 (22%)	6 (33%)	8 (45%)	

$\chi^2 (4) = 11.26, *p < .05$

## Anxiety and Depression in Adolescents in Relation to Parenting Style

**Figure 3** Number of Participants at three levels of anxiety in relation to parenting style



### **Relationship between Parenting Style and Level of Depression**

Chi-square test was carried out to examine the relationship between parenting style and level of depression, the results of which are presented in Table 8. The percentages of participants experiencing the three levels of depression under three different parenting styles are shown in Figure 5.

It may be seen from Table 8 that 58%, 65% and 28% of the participants reared up by authoritarian, authoritative and permissive parenting style respectively were found to be undergoing mild depression, while, 7%, 4% and 28% of the participants reared up by authoritarian, authoritative and permissive parenting style respectively were found to be undergoing severe anxiety. On the other hand, 35% of the participants reared up by authoritarian parenting style, 31%, by authoritative style and 44%, by permissive style showed moderate level of depression. Thus, highest number of participants (65%) experiencing mild depression were those exposed to authoritative parenting, whereas, highest number of participants experiencing either severe depression (28%) or moderate level of depression (44%) were those exposed to permissive parenting. The result of chi-square analysis was found to be significant [ $\chi^2 (4) = 9.58, *p < .05$ ]. Overall, these results indicate that authoritative parenting may act as a protective factor against depression, while permissive parenting appears to play a critical role in elevating the depression level of adolescents.

In essence, it may be said that parenting style influences adolescents' mental health in terms of anxiety and depression.

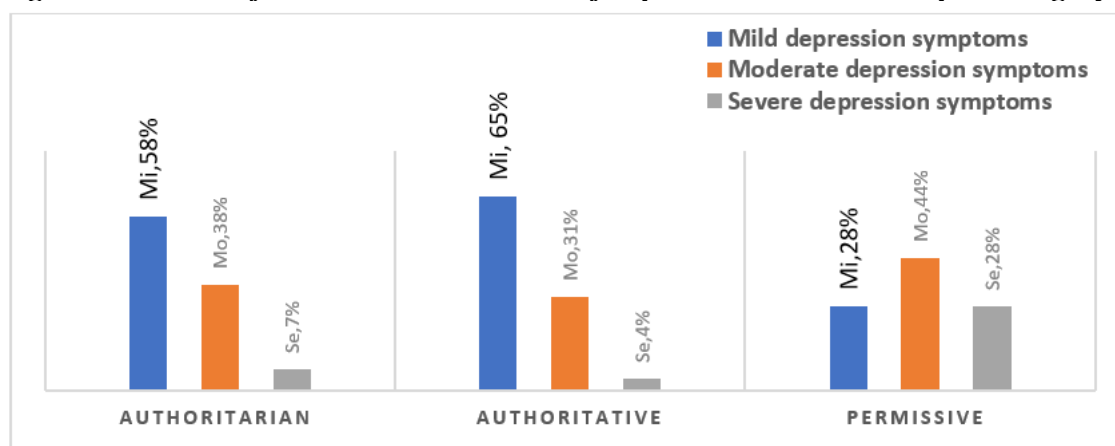
**Table 8** Frequencies, Percentages and Chi-Square Results for Depression Levels of Participants with Regard to Parenting Style (N = 72)

Parenting Styles	Depression symptoms			P
	Mild	Moderate	Severe	
<b>Authoritarian</b>	18 (58%)	11 (35%)	2 (7%)	.048
<b>Authoritative</b>	15 (65%)	7 (31%)	1 (4%)	
<b>Permissive</b>	5 (28%)	8 (44%)	5 (28%)	

$\chi^2 (4) = 9.58, *p < .05$

## Anxiety and Depression in Adolescents in Relation to Parenting Style

**Figure 4** Number of students at three levels of depression in relation to parenting style



### DISCUSSION

The present study aimed at exploring the influence of parenting styles such as, authoritarian, authoritative, and permissive on adolescents' mental health with particular reference to anxiety and depression. The findings revealed that adolescents exposed to permissive parenting reported higher levels of both anxiety and depression compared to those raised under authoritarian and authoritative styles. By contrast, authoritative parenting was found to be associated with the most favourable outcomes i.e., mild level of anxiety and depression while authoritarian parenting took a stand in between of authoritative style and permissive style, i.e., an association with a moderate level of anxiety and depression.

These results are consistent with global research, which consistently highlights the protective role of authoritative parenting in fostering positive psychological outcomes (Baumrind, 1991; Yap et al., 2014). Studies across cultures have shown that adolescents raised under authoritative parenting display higher self-esteem, lower anxiety, and better emotion regulation, whereas permissive parenting often leads to maladjustment and heightened psychological distress (Milevsky et al., 2007; Patel et al., 2007). Conversely, authoritarian parenting tends to produce mixed results. Sometimes it protects against externalizing behaviors while also showing association with anxiety and diminished self-confidence (Dwairy, 2004; Blakemore, 2019). Several Indian studies corroborate to these patterns. Thergaonkar and Wadkar (2007) found in their study that parental acceptance, warmth, and involvement were strongly linked with children's psychological well-being. In other studies, children's examination anxiety was found to be lowered by their perception of parental affection (Sahitya, Manohari & Vijaya et al., 2019) and better parent-child interpersonal relationship was found to be associated with improved mental health and reduced violent tendencies in adolescents (Hegde, Kamath & Roy, 2015). Similarly, Mishra and Sharma (2010) emphasized the importance of responsiveness and communication over rigid parental control in shaping adolescent mental health in eastern India. This highlights the role of the adolescent's perception and acceptance of parenting style as a crucial mediator of its effects. It appears that emotional connection and acceptance may moderate the outcomes of even an authoritarian style, while emotional neglect even in a permissive or liberal household may lead to negative consequences. As observed in this study, adolescents from permissive households showed elevated distress, possibly due to ambivalence, boundary confusion, and lack of emotional scaffolding. Hence, it may be said that the acceptance of a parenting practice is more important than parenting practice itself in influencing the mental health outcomes of adolescents. From this perspective the

## Anxiety and Depression in Adolescents in Relation to Parenting Style

interpretation of the findings of the present study needs to be done in the context of the social system and cultural practices of the state of Odisha taking into cognizance the parenting practices adopted in families in Odisha and adolescents' acceptance of these parenting practices. In the present study while authoritative parenting appeared more effective than authoritarian parenting in lowering symptoms of anxiety and depression, the difference was not statistically significant. This could reflect cultural nuances, where strict parental behavior is often accepted and normalized as it happens in Indian households, including those in Odisha. In such situations, authoritarian behavior might not be perceived as harsh or emotionally shocking, rather as protective and caring, particularly when combined with emotional responsiveness (Kuppuswamy & Bhargava, 2020). It is important to consider how cultural factors influence both parenting behavior and adolescent perception. In this context it may be said that in Odisha, family systems are often hierarchical and collectivist, with an emphasis on academic success and respect for elders. Hence adolescents who accept these values may not experience authoritarian behavior as psychologically damaging. In contrast, parental neglect, emotional unavailability, or inconsistency, that is often associated with permissive parenting, may lead to heightened emotional insecurity, anxiety, and depression.

Even though adolescents' mental health is now a pressing concern in India, parenting style as a major influencing factor remains underexplored, especially in Odisha. Observing this research gap in the field, more studies are needed to be carried out in Indian set-up especially in Odisha to establish a link between parenting and adolescents' mental health based upon a stronger ground. Future research may examine these patterns with larger and more diverse samples to strengthen the evidence base in this regard. At the applied level, psycho-educational programs for parents emphasizing authoritative practices, while being sensitive to Odisha's social system and cultural values of discipline and respect, may provide a meaningful pathway to enhance adolescents' mental health.

### REFERENCES

- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11(1), 56–95. <https://doi.org/10.1177/02724316911111004>
- Blakemore, S. J. (2019). Adolescence and mental health. *The Lancet*, 393(10185), 2030–2031. DOI: [http://dx.doi.org/10.1016/S0140-6736\(19\)31013-X](http://dx.doi.org/10.1016/S0140-6736(19)31013-X)
- Casey, B. J., Jones, R. M., & Somerville, L. H. (2011). Braking and accelerating of the adolescent brain. *Journal of Research on Adolescence*, 21(1), 21–33.
- Chao, R. K. (1994). Beyond parental control and authoritarian parenting style: Understanding Chinese parenting through the cultural notion of training. *Child Development*, 65(4), 1111–1119.
- Deb, S., Chatterjee, P., & Walsh, K. (2010). Anxiety among high school students in India: Comparisons across gender, school type, social strata and perceptions of quality time with parents. *Australian Journal of Educational and Developmental Psychology*, 10, 18–31. DOI: <https://eprints.qut.edu.au/33012/1/c33012.pdf>
- Dwairy, M. (2004). Parenting styles and mental health of Arab gifted adolescents. *Gifted Child Quarterly*, 48(4), 275–286.
- Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, 1(5), 377–387.
- Hegde, A., Kamath, A., & Roy, K. (2017). Is parenting a determinant of adolescent mental health? –A population based study in South India. *International Journal of*

## Anxiety and Depression in Adolescents in Relation to Parenting Style

*Adolescent Medicine and Health*, 29(3). DOI: <http://dx.doi.org/10.1515/ijamh-2015-0090>

- Kuppuswamy, H., & Bhargava, M. (2020). Parenting styles and psychological outcomes among adolescents in India: A cultural perspective. *Journal of Indian Psychology*, 38(1), 40–49.
- Mastrotheodoros, S., Van der Graaff, J., Deković, M., Meeus, W. H., & Branje, S. (2020). Parent–adolescent conflict across adolescence: Trajectories of informant discrepancies and associations with personality types. *Journal of youth and Adolescence*, 49(1), 119–135. DOI: <https://doi.org/10.1007/s10964-019-01054-7>
- Milevsky, A., Schlechter, M., Netter, S., & Keehn, D. (2007). Maternal and paternal parenting styles in adolescents: Associations with self-esteem, depression, and life-satisfaction. *Journal of Child and Family Studies*, 16(1), 39–47.
- Mishra, R. K., & Sharma, V. (2010). Parenting dimensions and adolescent mental health: A study in eastern India. *Indian Journal of Psychology and Mental Health*, 4(1), 91–98.
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *The Lancet*, 369(9569), 1302–1313.
- Roelants, M., & Cameron, N. (2022). Adolescent growth. In *Human Growth and Development* (pp. 101–123). Academic Press. <https://doi.org/10.1016/B978-0-12-822652-0.00015-8>
- Sadock, B. J., Sadock, V. A., & Ruiz, P. (2017). *Comprehensive textbook of psychiatry* 10<sup>th</sup> edition. DOI: <https://www.wolterskluwer.com/en/solutions/ovid/kaplan-sadocks-comprehensive-textbook-of-psychiatry-761>
- Sahithya, B. R., Manohari, S. M., & Vijaya, R. (2019). Parenting styles and its impact on children—a cross cultural review with a focus on India. *Mental Health, Religion & Culture*, 22(4), 357–383. DOI: <http://dx.doi.org/10.1080/13674676.2019.1594178>
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, 2(3), 223–228. DOI: [https://doi.org/10.1016/S2352-4642\(18\)30022-1](https://doi.org/10.1016/S2352-4642(18)30022-1)
- Thergaonkar, N. R., & Wadkar, A. J. (2007). Relationship between Test Anxiety and Parenting Style. *Journal of Indian Association for Child and Adolescent Mental Health*, 3(1), 10–12.
- World Health Organization (2021). *Adolescent mental health*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- Yap, M. B., Pilkington, P. D., Ryan, S. M., & Jorm, A. F. (2014). Parental factors associated with depression and anxiety in young people: A systematic review and meta-analysis. *Journal of Affective Disorders*, 156, 8–23.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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